

FORM SEP 27 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

296005
Do not use this space.

1. PLACE OF DEATH
(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 4363 Registered No. 935
(c) City Neosho (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Alice Byers 1634
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rube Byers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1878
7. AGE YEARS 60 MONTHS 3 DAYS 29 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Missouri
13. NAME Issac W.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky
15. MAIDEN NAME Margaret Ratter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1938, to Aug. 21, 1938
I last saw her alive on Aug. 20, 1938 Death is said to have occurred on the date stated above, at 2:45 A.M.
The principal cause of death and related causes of importance were as follows:

Embolus to the brain
94
Other contributory causes of importance:
Angina pectoris,
Hypertension and
Arteriosclerosis

17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Beacon Cemetery DATE 8-23, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Orley Thompson Neosho Mo.
20. FILED 8-23, 1938 Ernie Salzman Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury None
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Renal disease (Signed) Renal disease, M. D.
(Address) Neosho, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Barley Thompson

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. *3259*

P. O. Address *Neasho Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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29600
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1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Primary Registration District No. 4363 Registered No. 95
(c) City Neosho (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alice Byers
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Unkn

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8-23 1938 Orval G. Sale Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1938

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h... alive on 19... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Orval G. Sale, M. D.

(Address) Neosho Mo

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

